

Report Attachment #2
(revised 7/25/06)

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4	Contract Personnel (list each health professional position)					
						0.00
						0.00
						0.00
	PERSONNEL CATEGORY TOTAL	0.00	0.00	0.00	0.00	0.00

	EXPENDITURE CLASSIFICATION	Local Applicant Share of Expenses		State Grant Expense		Total Expense	
		Actual Expense	Non-Cash Donation: In-Kind Contribution	Primary Care Clinic Program	Prescription Assistance Program		
5	Health Services					0.00	
						0.00	
						0.00	
						0.00	
	HEALTH SERVICES CATEGORY TOTAL	0.00	0.00	0.00	0.00	0.00	
6	Travel					0.00	
						0.00	
						0.00	
						0.00	
	TRAVEL CATEGORY TOTAL	0.00	0.00	0.00		0.00	
7	Supplies (including prescription drugs purchased or donated)					0.00	
	Pharmaceuticals				0.00	0.00	
	Laboratory Materials					0.00	
	Other Medical Supplies					0.00	
	Office/Clerical Supplies					0.00	
	SUPPLY CATEGORY TOTAL	0.00	0.00	0.00	0.00	0.00	
8	Capital Equipment: (Consult with program officials and avoid expenditure, if possible)						
						0.00	
						0.00	
						0.00	
	CAPITAL EQUIPMENT CATEGORY TOTAL	0.00	0.00	0.00		0.00	
9	Other Direct expenses (ITEMIZE)						
						0.00	
						0.00	
	This section only for CHC/FQHC 340B to support for discounts: Enter # of prescriptions on the line below _____	Click for Instructions					
						0.00	
	OTHER DIRECT EXPENSE CATEGORY TOTAL	0.00	0.00	0.00	0.00	0.00	
TOTAL QUARTERLY EXPENDITURES		Local Applicant Share of Expenses		State Grant Expense		Total Expenditure	
		Actual Expense	Non-Cash Donation: In-Kind Contribution	Primary Care Clinic Program	Prescription Assistance Program		
		0.00	0.00	0.00	0.00		
Submitted by: _____			Date: _____			Mail to: Kevin Shaughnessy, Accountant KDHE Internal Management/Accounting Services 1000 SW Jackson, Ste. 570 Topeka, KS 66612-1368 Phone: (785) 296-1507	
KDHE USE ONLY:							
Audited by: _____							

Financial Reporting Form Instructions : Primary Care Clinic (PCC) and Prescription Drug Assistance (PDA) grants.

Two columns are provided for clinics requesting both PCC and PDA funding.

- 1 Print or type the name of the organization receiving the grant award.

Mark the reporting period.

Include phone number for fiscal contact person.

NOTE: Prescription drug assistance grant funds may not be used for categories with shaded areas. However, local funds or in-kind-contributions may be listed as match for PDA funds in all categories.

- 2 **The Quarterly Affidavit of Expenditures is used for both the Community-Based Primary Care Clinic Grant Application and the Prescription Drug Assistance Program grants.**

If you are using this from the KDHE website, the protected Excel spreadsheet file has fields that will calculate subtotals and totals. The file may be renamed and saved then printed (landscape view) and signed for submission. The form may also be printed and completed by hand if necessary.

- 3 **Personnel:** Categorize personnel according to category (e.g. Health professional/clinical staff, clerical, administrative). Health professional/clinical staff includes physicians, all nursing personnel (R.N., LPN, nursing assistants), nurse practitioners, physician assistants, dentists, dental hygienists, pharmacists, pharmacy assistants, psychologists, clinical social workers, and optometrists. Each employee position should be listed separately by title and percent of full-time equivalency (FTE) for both programs, if applicable. Allocate the salary amounts to be paid from local agency share and/or from one or both State Grants in the appropriate columns. Only regularly assigned personnel should be included in the category personnel. Include summarized expenses of payroll taxes and employer-paid benefits.
- 4 **Contract Personnel:** Contract Personnel may include physicians, dentists, nurses, and PAs, ARNPs who provide primary care services by special arrangement or contract. The full time equivalency (FTE) of the contracted person should be shown in the column marked "% time worked in program". Dollar amounts from the appropriate revenue source must be listed in the appropriate columns.
- 5 **Health Services:** This category includes services only, not personnel. Each contracted service must be listed separately (laboratory, pharmacy, radiology, hearing, vision, mental health). Cost related to the contracted service may not be more than the fair market value. The local applicants share may not be more than the actual cost of the service for which the agency has contracted. For example, the cost to report for donated (non-cash) laboratory services should be an amount agreed upon as the market value for those services.
- 6 **Travel:** Include in-state travel to primary care meetings, prescription drug software training and workshops in either of these categories. Do not include salary expense.
- 7 **Supplies:** Categorize expendable supplies according to type-- Pharmaceuticals including prescription medications purchased or dispensed from the clinic site (local match may include retail price/value for donated sample medications); Laboratory Supplies; Other Medical Supplies: patient education materials, and clinical supplies directly related to patient services, e.g. drapes, needles); and Office Supplies (supplies for other clerical, financial, administrative and other operational supplies).
- 8 **Capital Equipment:** If possible, avoid budgeting for capital equipment or show it financed through the Local Applicant's share column. Capital Equipment is defined as items costing \$500 or more and having a useful life greater than one year. Not more than 10% of the grant funds requested can be used for capital equipment. Each capital item to be purchased with grant funds must be listed separately.
- 9 **Other Direct Expenses:** Itemize other direct costs. **340B programs may request up to \$4.00 for each prescription** to support discounts for eligible patients. Include the actual number of prescriptions to qualifying patients and the total cost of the discounts.

Indirect Cost may only be included if KDHE has received and authorized of a cost proposal. Indirect costs or contributions are acceptable only as part of the local match, but the agency must submit an annual indirect cost proposal which meets KDHE requirements. Items included in the indirect cost computation cannot be included as direct cost items. Indirect costs may include rent, utilities, general administration, accounting, etc.

- 10 **Total Budgeted Expenses.** NOTE: The total local applicant share must equal or exceed the total of funds requested in the two programs.
- 11 Obtain signatures. The file may be renamed and saved. The landscape view of the form may be printed.

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